

**HARDIN COUNTY**  
Employee Change of Status Report

Please enter the following change(s) as of: September 1, 2021

Name: Grego, Jeffery

Address: Eldora, IA

Department: Sheriff's Office

Position: Transport Officer

Fund \_\_\_\_\_

Gross \_\_\_\_\_

Salary or Hourly Rate: \$18.90/hr

STATUS     Full-time         Permanent Part-time         Temporary/Seasonal  
Part-time

Reason for change:

- |   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hired | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Promotion        | <input type="checkbox"/> Retirement  |
| <input type="checkbox"/> Demotion         | <input type="checkbox"/> Layoff      |
| <input type="checkbox"/> Pay Increase     | <input type="checkbox"/> Discharge   |

Leave of absence to: \_\_\_\_\_  
(date)

Other:

Dates of Employment: From: \_\_\_\_\_ To \_\_\_\_\_

Last day of work will be: \_\_\_\_\_

Beyond the last day of work, the employee was (or will be) paid for:

Vacation:

Comp:

Authorized by:  Date: 08-27-2021  
Elected Official or Department Head

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Appropriate Board (If Applicable)

**HARDIN COUNTY**  
Employee Change of Status Report

Please enter the following change(s) as of: September 1, 2021

Name: June, Josha S.

Address: Wellsburg, IA

Department: Sheriff's Office

Position: Correctional Officer - Sergeant

Fund \_\_\_\_\_

Gross \_\_\_\_\_

Salary or Hourly Rate: \$23.06/hr

STATUS     Full-time                       Permanent Part-time                       Temporary/Seasonal  
Part-time

Reason for change:

Hired     Resignation

Promotion     Retirement

Demotion     Layoff

Pay Increase     Discharge

Leave of absence to: \_\_\_\_\_  
(date)

Other: Part time to full time. CO to CO - Sergeant

Dates of Employment: From: \_\_\_\_\_ To \_\_\_\_\_

Last day of work will be: \_\_\_\_\_

Beyond the last day of work, the employee was (or will be) paid for:

Vacation: \_\_\_\_\_

Comp: \_\_\_\_\_

Authorized by:  Date: 09-01-2021  
Elected Official or Department Head

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Appropriate Board (If Applicable)